## LOUISIANA BOARD OF ETHICS

DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

STATE OF LOUISIANA PARISH OF Evengeline	
i, Linda F. Deville , residing at 377 (Name)	6 Faubourg Rd., Washington, LA 70589 (Mailing Address, including City & Zip Code)
do declare that :	
1.	
That this disclosure statement is made pursuant to L3 on January $1^8$ , <u>2002</u> .	SA-R.S. 42:1119B(2)(b) for the year beginning
(Year)	Thopital weekstruct No. 1 (Suretainy)
That I am a Chief Executive / Board Men	aber Commissioner (circle one) of the spital Service District / Public Trust Authority
(Name) and have served in this capacity since <u>Februar</u>	•
That my immediate family member, defined by LSA of children, his brothers, his sisters, the spouses of his his spouse, and the parents of his spouse, is employ Public Trust Authority. The facts of such employn  Name of Immediate Pamily Member:	s brothers, the spouses of his sisters, his parents, red by the described Hospital Service District / ment are as follows:
Position: Outpatient Services Super	visor
Date employed (month, day, year): 4/20 Applicable Exception (check all that apply)	
Employed by Hospital Service one year prior to filer become	e District / Public Trust Authority for more than ing the chief executive or a board member or I Service District / Public Trust Authority
Serving in public employment date of the Code of Government	t continuously since April 1, 1980, the effective mental Ethics
	blic Trust Authority has a district population of ymember is employed as a licensed physician
Orgnature, Chief Exe	2 Devilue cutive, Hospital Board Member or Commissioner

**NOTE:** These disclosure statements are due by **January 30<sup>th</sup> of each year** that you have an immediate family member employed by the hospital service district or hospital public trust authority. This is so even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Failure to timely submit a required disclosure states at will result in the imposition of an automatic late free of \$50,00 per day, with a restricted penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT ON MOSPITAL PUBLIC, IREST AUTHORITY BOARD STEMBLIST OR CHIEFEXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED ONE THAT THESE STATEMENTS ARE THE FOLLOW.